FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

# **FORM D**

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(5), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMB APPROVAL



DMB Number: 3235-0076 Expires: December 31, 1996

Estimated average burden hours per form 16.00

SEC USE ONLY

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Agua, LLC	A CIRL COL CE DI COL CIO CI ACO CIUDE	10 / 100 /
Filing Under (Check box(es) that apply): Li Rule 50	4 □ Rule 505 ☑ Rule 506 □ Section 4(6) □ ULOE	SDOOFOOFD
Type of Filing: ☐ New Filing ② Amendment		PROCESSED
	A. BASIC IDENTIFICATION DATA	OCT 2 5 2006 F
1. Enter the information requested about the issuer		THOMSON
Name of Issuer (☐ check if this is an amendment and Agua, LLC	name has changed, and indicate change.)	FINANCIAL
Address of Executive Offices (Number and Street, 3303 Water Street, N.W., Suite 5N, Washington, DC 2	City, State, Zip Code) 20007	Telephone Number (Including Area Code) (202) 302-3148
Address of Principal Business Operations Operations (if different from Executive Offices) Same as above	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business: Own and operate a specialty lounge		
Type of Business Organization ☐ corporation ☐ business trust ☐ limited partnership, to be for		please specify): limited liability company
Actual or Estimated Date of Incorporation or Organiza	Month Year ☐ Actual	□ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada;	
	FN for other foreign jurisdiction)	
When To File. A notice must be filed no later than 15 days after the first sa SEC at the address given below or, if received at that address after the date When To Jeffel: U.S. Securities and Exchange Commission, 450 Fifth Street Copies Required: Five (5) copies of this notice must be filed with the SEC. Information Required: A new filing must contain all information requested information previously supplied in Parts A and B. Part E and the Appendix Filing Fee: There is no federal filing fee.  State:  This notice shall be used to indicate reliance on the Uniform Limited Offer separate notice with the Securities Administrator in each state where sales	on which it is due, on the date it was mailed by United States registered or or N.W., Washington, D.C. 20549 one of which must be manually signed. Any copies not manually signed m. Amendments need only report the name of the issuer and offering, any chanced not be filed with the SEC.	rities and Exchange Commission (SEC) on the earlier of the date it is received by the certified mail to that address.  sust be photocopies of the manually signed copy or bear typed or printed signatures, anges thereto, the information requested in Part C, and any material changes from the ted ULOE and that have adopted this form. Issuers relying on ULOE must file a econdition to the claim for the exemption, a fee in the proper amount shall
	not result in a loss of the federal exemption. Converse	ly, failure to file the appropriate federal notice will not

Α.	RASI	CIDE	NTIF	ICAT	TON	DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and mana	<del>• • • • • • • • • • • • • • • • • • • </del>	· <del></del> ··				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if	ndividual)					
Business or Residence Address	(Number and	Street, City, State, Zip co	de)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if	ndividual)		,			
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□Executive Officer	☐ Director	0	General and/or Managing Partner
Full Name (Last name first, if	ndividual)		-			
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if	ndividual)					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)			

						В. 13	NFORMA	TION ABO	UT OFFE	RING				
t.			d, or does the opendix, Colu				edited inves	stors in this	offering?					Yes No
2.	What is t	he minin	ıum investme	ent that will	be accepte	d from any	individual	?		····				<u>\$</u>
3.	Does the	offering	permit joint (	ownership (	of a single	anit?								Yes No
4.	purchase and/or w	rs in coni ith a state	nection with:	sales of sec t the name	urities in th of the brok	ie offering. er or dealer	If a persor	to be listed	l is an assoc	iated perso	n or agent o	of a broker	or dealer regis	ation for solicitation of stered with the SEC r or dealer, you may
Full	Name (La	ist name	first, if indivi	idual)										
Bus	iness or R	esidence	Address (Nu	mber and S	treet, City,	State, Zip (	Code)							
Nan	ne of Asso	ciated Br	oker or Deal	ег										
Stat	ES in Whice [AL] [IL] [MT] [RI]	h Person [AK] [IN] [NE] [SC]	Listed Has S (Check "Al [AZ] [IA] [NV] [SD]					[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] {MI] {OHJ [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full	Name (La	ist name	first, if indivi	idual)										
			Address (Nu		treet, City,	State, Zip (	Code)							
Stat	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	Listed Has S (Check "Al [AZ] [IA] [NV] [SD]					[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] {OH] {WV}	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	All States
Full	Name (La	ist name	first, if indivi	dual)										
Bus	iness or Re	esidence	Address (Nu	mber and S	reet, City,	State, Zip (	Code)							
Nam	ne of Asso	ciated Br	oker or Deak	er										
State	es in Whic	h Person	Listed Has S						-					
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	(Check "Al [AZ] [IA] [NV] [SD]	I States" or [AR] [KS] [NH] [TN]	check indi [CA] [KY] [NJ] [TX]	vidual State [CO] [LA] [NM] [UT]	(CT) [CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	All States

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Amount Already Sold	1
	Debt	\$	\$	
	Equity	S	<u>\$</u>	
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests	\$	\$	
	Other (Specify):	<u> </u>	\$	
		<u>φ</u>	\$	
	Total	<u>S</u>	\$	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases	
	Accredited Investors		\$	
	Non-accredited Investors		S	
	Total (for filings under Rule 504 only)	·	•	
	Answer also in Appendix, Column 4, if filing under ULOE.		Ψ	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Туре об	Dollar Amount	
	Type of offering	Security	Sold	
	Rule 505		\$	
	Regulation A		\$	
	Rule 504		\$	
	Total		\$	
	4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	5.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs	•••••		\$
	Legal Fees	***************************************		\$
	Accounting Fees			\$
	Engineering Fees			s
	Sale Commissions (specify finders fee separately)			\$_
	· · · · · · · · · · · · · · · · · · ·			

	Other Expenses (identify): State securities filing fees: approx	. \$1,300	"adjusted gross proceeds to the Samproposed to be used for each of the ate and check the box to the left of the rule to the issuer set forth in response    Payments to Officers			
	Total					<u>\$</u>
exp	Enter the difference between the aggregate offering price given in enses furnished in response to Part C - Question 4.a. This difference."	ence is the "adjusted gross proceeds to the				\$
pur esti	cate below the amount of the adjusted gross proceeds to the issu posses shown. If the amount for any purpose is not known, furnis mate. The total of the payments listed must equal the adjusted g art C - Question 4.b above.	th an estimate and check the box to the left of the				
				Office Director	ers. s, & Pa	•
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation of machinery	and equipment		\$		\$
	Construction or leasing of plant buildings and facilities		•	\$		\$
	Acquisition of other businesses (including the value of sused in exchange for the assets or securities of another is			\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			\$		\$
	Other (specify): Purchase real property			s		\$
	Other (specify):			\$		\$
	Other (specify):			\$		\$
	Column Totals			\$		\$
	Total Payments Listed (column totals added)					s
		D. FEDERAL SIGNATURE				
underta						
lssuer Agua,		Signature		1	Date: October 12	3, 2006
		Title of Signer (Print or Type)				
Luis do	los Heros	Managing Member				
	Intentional misstatements or omissions	ATTENTION s of fact constitute federal criminal violations. (S	ee 18 I	U.S.C. 100	01.)	
L		(D	•		,	

L		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.252(c), (d). (e) o	r (f) presently subject to any of the disqualification provision	ns of such rule?
		See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish to as required by state law.	any state administrator of any state in which this notice is fi	iled, a notice on Form D (17 CFR 239.500) at such times
3.	The undersigned issuer hereby undertakes to furnish to	the state administrators, upon written request, information f	furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is fan the state in which this notice is filed and understands the been satisfied.	niliar with the conditions that must be satisfied to be entitled nat the issuer claiming the availability of this exemption has	to the Uniform limited Offering Exemption (ULOE) of the burden of establishing that these conditions have
The	issuer has read this notification and knows the contents	to be true and has duly caused this notice to be signed on its	behalf by the undersigned duly authorized person.
	suer (Print or Type) gua, LLC	Signature	Date: October 13, 2006
	ame (Print or Type) sis de los Heros	Title (Print or Type) Managing Member	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy of bear typed or printed signatures.

## APPENDIX

l	Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
ΛL							· · · · · · · · · · · · · · · · · · ·		<del></del>
ΛK									
ΛZ									<b></b>
ΛR									
CA		X	Up to \$1,200,000 of Class A Units	None	None	N/A	N/A	:	Х
СО									
СТ									
DE									
DC		X	Up to \$1,200,000 of Class A Units	None	None	N/A	N/A		Х
FL									
GA									
Н									
ID									
IL									
IN									
IA					,				
KS									
KY									<del></del>
LA									
ME									
MD		х	Up to \$1,200,000 of Class A Units	None	None	N/A	N/A		х
МА									
MI									
MN									
MS									
мо									

### APPENDIX

l	Intend to non-a investor	to sell ccredited s in State -ltem 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	e of security d aggregate fering price formered in state  Type of investor and amount purchased in State						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MT										
NE										
NV							•			
NII		Х	Up to \$1,200,000 of Class A Units	None	None	N/A	N/A		X	
NJ										
NM										
NY										
NC										
ND										
ОН										
ок										
OR										
PA										
R!										
SC										
SD										
TN										
TX										
UT									·	
VT			11 . #1.000.000.0							
VA		х	Up to \$1,200,000 of Class A Units	None	None	N/A	N/A		X	
WA										
wv										
WI										
WY										
PR										